TOTAL SECTION OF THE PARTY OF T		PTO/SB/22 (08-03)
PROTION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 020824-005310US
	In re Application of Michael C. Wo	ood et al.l
·	Application Number 10/781,554	Filed 02/17/2004
For PRINT MEDIA APPARATU		JS FOR YOUNG CHILDREN
	Art Unit Unassigned E	Examiner Unassigned
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropri	ate non-small-entity fee are as follo	ows (check time period desired):
☐ One month (37 CFR 1.17(a)(1))		\$
☐ Two months (37 CFR 1.17(a)(2))		\$
		\$980
☐ Four months (37 CFR 1.17(a)(4))		\$
☐ Five months (37 CF	R 1.17(a)(5))	\$
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$		
A check in the amount of the fee is enclosed.		
Payment by credit card. Form PTO-2038 is attached.		
The Director has already been authorized to charge fees in this application to a Deposit Account.		
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.		
I have enclosed a duplicate	copy of this sheet.	
I am the ☐ applicant/inventor.		
assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
attorney or agent un	attorney or agent under 37 CFR 1.34(a).	
Registration number if ac	ting under 37 CFR 1.34(a)	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
10/06/2004		
Date		Signature
		Patrick R. Jewik, Reg. No. 40,456
		Typed or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more		
than one signature is required, see below*. X *Total of 1 forms are submitted.		

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